

1	Unified Rate Review v2.0.3																																																															
2																																																																
3	Company Legal Name:		UnitedHealthcare of Kentucky										State:		KY																																																	
4	HIOS Issuer ID:		23671										Market:		Individual																																																	
5	Effective Date of Rate Change(s):		1/1/2016																																																													
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7																																																																
8	Market Level Calculations (Same for all Plans)																																																															
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10																																																																
11	Section I: Experience period data																																																															
12	Experience Period:		1/1/2014		to		12/31/2014																																																									
13							Experience Period																																																									
14							Aggregate Amount		PMPM		% of Prem																																																					
15	Premiums (net of MLR Rebate) in Experience Period:						\$1		\$1.00		100.00%																																																					
16	Incurred Claims in Experience Period						\$1		1.00		100.00%																																																					
17	Allowed Claims:						\$1		1.00		100.00%																																																					
18	Index Rate of Experience Period								\$0.00																																																							
19	Experience Period Member Months						1																																																									
20	Section II: Allowed Claims, PMPM basis																																																															
21							Experience Period				Projection Period:		1/1/2016		to		12/31/2016		Mid-point to Mid-point, Experience to Projection:		24 months																																											
22							on Actual Experience Allowed				Adj't. from Experience		Annualized Trend		Factors		Projections, before credibility Adjustment		Credibility Manual																																													
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM																																									
24	Inpatient Hospital		Days		0.00		\$0.00		\$0.00		1.000		1.000		1.000		1.000		0.00		\$0.00		\$0.00																																									
25	Outpatient Hospital		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00																																									
26	Professional		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00																																									
27	Other Medical		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00																																									
28	Capitation		Benefit Period		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00																																									
29	Prescription Drug		Prescriptions		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00																																									
30	Total								\$0.00														\$0.00																																									
31																																																																
32	Section III: Projected Experience:																						After Credibility		Projected Period Totals																																							
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49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																																															
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Product-Plan Data Collection

Company Legal Name:	UnitedHealthcare of Kentucky, Ltd.	State:	KY
HIOS Issuer ID:	23671	Market:	Individual
Effective Date of Rate Change(s):	1/1/2016		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		2016 Individual On Exchange Product										vidual Off Exchange
Product ID:		23671KY003										23671KY005
Metal:		Gold	Gold	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Catastrophic	Bronze
AV Metal Value		0.782	0.787	0.692	0.703	0.691	0.682	0.686	0.613	0.613	0.612	0.613
AV Pricing Value		1.005	0.988	0.833	0.865	0.875	0.882	0.901	0.726	0.767	0.663	0.738
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS
Plan Name		Gold Compass 1000	Gold Compass 0	Silver Compass HSA 3000	Silver Compass 2000 1	Silver Compass 2000	Silver Compass 3500	Silver Compass 4500	Bronze Compass HSA 5500	Bronze Compass 6500	Catastrophic Compass 6850	Bronze Compass Plus HSA 5500
Plan ID (Standard Component ID):		23671KY0030001	23671KY0030002	23671KY0030003	23671KY0030004	23671KY0030005	23671KY0030006	23671KY0030007	23671KY0030008	23671KY0030009	23671KY0030010	23671KY0050001
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Historical Rate Increase - Calendar Year - 2		0.00%										0.00%
Historical Rate Increase - Calendar Year - 1		0.00%										0.00%
Historical Rate Increase - Calendar Year 0		0.00%										0.00%
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%										0.00%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	23671KY0030001	23671KY0030002	23671KY0030003	23671KY0030004	23671KY0030005	23671KY0030006	23671KY0030007	23671KY0030008	23671KY0030009	23671KY0030010	23671KY0050001
Inpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$0.00											
Projected Member Months	44,820	4,034	4,034	6,063	6,063	6,063	6,063	6,063	3,136	3,136	121	44

Section III: Experience Period Information

Warning Alert	Wsht 1 Total	Plan ID (Standard Component ID):	Total	23671KY0030001	23671KY0030002	23671KY0030003	23671KY0030004	23671KY0030005	23671KY0030006	23671KY0030007	23671KY0030008	23671KY0030009	23671KY0030010	23671KY0050001
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[illegible]

Warning Alert		Wsht 1 Total	Premium Information	Plan ID (Standard Component ID):	Total	23671KY0030001	23671KY0030002	23671KY0030003	23671KY0030004	23671KY0030005	23671KY0030006	23671KY0030007	23671KY0030008	23671KY0030009	23671KY0030010	23671KY0050001
OK	\$	420.50		Plan Adjusted Index Rate	\$417.01	\$478.65	\$470.72	\$396.56	\$412.03	\$416.78	\$419.96	\$429.08	\$345.80	\$365.23	\$315.66	\$351.35
OK		44,820		Member Months	44,820	4,034	4,034	6,063	6,063	6,063	6,063	6,063	3,136	3,136	121	44
OK		\$18,846,755		Total Premium (TP)	\$18,690,286	\$1,930,863	\$1,898,869	\$2,404,341	\$2,498,110	\$2,526,962	\$2,546,197	\$2,601,496	\$1,084,429	\$1,145,365	\$38,195	\$15,459
				EHB Percent of TP, [see instructions]	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%
				state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
				Other benefits portion of TP	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%
OK		22,602,450		Total Allowed Claims (TAC)	\$22,602,480	\$2,126,814	\$2,126,814	\$3,044,331	\$3,044,331	\$3,044,331	\$3,044,331	\$3,044,331	\$1,527,397	\$1,527,397	\$50,428	\$21,977
				EHB Percent of TAC, [see instructions]	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%
				state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Claims Information	Other benefits portion of TAC	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
				Allowed Claims which are not the issuer's obligation	\$7,358,698	\$540,175	\$567,792	\$1,089,250	\$1,008,311	\$983,407	\$966,804	\$919,072	\$653,560	\$600,962	\$19,859	\$9,505
				Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$2,312,024	\$0	\$0	\$505,637	\$466,490	\$462,923	\$451,131	\$425,843	\$0	\$0	\$0	
				Portion of above payable by HHS on behalf of insured person, as %	31.42%	0.00%	0.00%	46.42%	46.26%	47.07%	46.66%	46.33%	0.00%	0.00%	0.00%	
OK		15,243,781		Total Incurred claims, payable with issuer funds	\$15,243,781	\$1,586,638	\$1,559,022	\$1,955,081	\$2,036,019	\$2,060,923	\$2,077,526	\$2,125,259	\$873,837	\$926,436	\$30,569	\$12,471
OK		895,577		Net Amt of Rein	\$895,577	\$80,606	\$80,606	\$121,149	\$121,149	\$121,149	\$121,149	\$121,149	\$62,662	\$62,662	\$2,418	\$879
				Net Amt of Risk Adj	-\$6,536	-\$588	-\$588	-\$884	-\$884	-\$884	-\$884	-\$884	-\$457	-\$457	-\$18	-\$6